## **CITY OF EUREKA – TRANSPORTATION PERMIT**

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS AND CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:						PERMIT VALID: FROM:						PER	MIT NU	JMBER				
NAME						TO:  MOVING AUTHORIZED:												
ADDRESS						SATURDAY:												
												THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:						
CITY/STATE/ZIP						- SUNDAY:						X Permit Conditions						
						DARKNESS (CVC 280):						X Caltrans Permit						
OFFICE PHONE NUMBER (Include Area Code) FAX NUM						MBER (Include Area Code)							Giiiii					
(SHOW A DESCRIPTION	MODEL	EL NO. – INCLUDE DIMENSIONS OF LOAD)																
Authorization is granted		Haul Drive Tow						4										
DESCRIPTION OF HAULING EQUIPMENT:																		
	SEMI TRAILE				VEHICLE WIDTH:			KINGPIN TO LAST AXLE:			(LE:	COMB. VEHICLE LENGTH:						
AXLE NUMBER	1	1 2		3		4		5			7		8			9		
NUMBER TIRES PER AXLE																		
DISTANCE BE- TWEEN AXLES													I					
WIDTH OF AXLES AT TIRE SIDEWALL											ı							
MAXIMUM ALLOW- ABLE WEIGHT	IAXIMUM ALLOW-																	
LOADED DI	MENSIONS GR	REATER THAN	THOSE SH	OWN B	ELOW O	R WEIG	HTS EX	CEEDIN	IG THOSE	SHOW	N ABO	VE ARE	NOT A	UTHORI	ZED			
LOADED HEIGHT:	LOAD	LOADE	DED OVERALL LENGTH: LOADED OVERH					ANG: WEIG				HT CLASS:						
ORIGIN:	DESTINATION:																	
AUTHORIZED STATE HIGHWAYS – CITY AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE (*) IS SHOWN IN THE STATE ROUTE.																		
PILOT CAR		/ES	NO															
					· <u> </u>					_	_	_		_		_		
EXEMPT INFORMATION AP					PLICANT SIGNATURE									DATE				
CHECK NUMBER FEE NUMBER OF TR			OF TRIPS	AUTH	AUTHORIZED AGENT									DATE				